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# Abortion — A Fetal Viewpoint

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People the world over warmed to the wonder of octuplets born to a young Mexican couple on March 10, 1967. This human interest story, carried by major news media, magnified the miracle of human birth once more—it mattered not that the survivors' weight averaged only ten ounces, because humanity is not a matter of mass or size! Although two to three months premature, with arms and legs no larger than adults' fingers, these four boys and four girls were not confused with anything else and were not called anything else but boys or girls even though very tiny, because humanity is not a matter of size or weight. All the world recognized them as human. Yet, the proponents of a liberal abortion law would have us scrape out human lives at the tender stage of six months intrauterine age—when the unborn child has been living for six months and weighs more than a pound.

Embryologists remind us that all our internal organs are well begun and well formed at eight weeks of intrauterine age. The chief changes thereafter are those of growth and specialization of our tissues in the mother's womb. "Even in the embryo of six weeks the heart exhibits the general external shape and markings that characterize it permanently."<sup>1</sup> And we know that the human heart begins to beat at about three weeks of intrauterine age—that is certainly an essential characteristic of human life, the life that actually begins with

the growth of the fertilized ovum. It is an accepted fact in both the United States and England that the unborn child may inherit estates by will, enjoy property rights and acquire property by descent—all these to be received upon birth.

The unborn child may also be party to litigation as well as beneficiary of trusts and also may recover for prenatal injury. In 1949, in a prenatal injury case in Ohio, *Williams versus Marian Rapid Transit Company Inc.*, the Ohio Supreme Court held that the unborn child was a "person" within the meaning of the Ohio State Constitution and hence had constitutional rights, among them, a recognized right to take action for injuries *in utero*.

For the unborn child, abortion is a cruel infringement upon personal and property rights—the most basic of which is the right to life itself!

Again, our humanity is not measured by sizes. We mature in all sizes, shapes and weights; short, tall; obese and thin, and the tiniest of human "Davids" have the same rights as the "Goliaths." Or . . . in times past had the same rights.

The abortion liberals now want the state to sanction, and the doctor to perform, abortions—emptying the uterus of life whenever there is substantial risk that the child might be born with grave physical or mental defects. Thus intrauterine lives would be sacrificed without proof of benefit

to anyone. A risk is only a risk, not actual harm or detriment. Furthermore, this liberalization supposes that all defective children are automatically inferior and cannot be self-supporting. Yet we all know handicapped or deformed adults who are charming personalities and often earn good incomes. Would you have sacrificed the children born just a few years ago with polio? Today we have conquered polio, and can protect against it; should any mother have been given power to eliminate those lives at a tender helpless age?

We often hear how rubella or German measles can cause some 40 per cent of the infected infants to be born with congenital defects. Yet many of these defects are minor and can be corrected. The majority of infants subjected to German measles infection *in utero* are perfect births. It seems more humane to allow all to be delivered and merely execute the imperfect or handicapped. What kind of law would sacrifice a majority of normal children to eliminate a defective minority?

But the key question is: When does intrauterine life really begin? Those in favor of liberal abortions say they don't know and that it is not important. But others know; the embryologists and physiologists know and the mothers know! Dr. Arey, professor of Anatomy Emeritus of Northwestern University writing in the 1965 edition of his text *Developmental Anatomy* states in his preface: "The unfolding of the developmental story in this book is an account of his own (the reader's) formative course." Both Doctors Streeter and Arey refer to specimens as "human

embryos" with a heart and system of blood vessels established through four weeks of intrauterine life. At four months the face has a truly human appearance and individual differences become recognizable.<sup>2</sup>

It is quite evident that the child ten minutes before birth is the same child as ten minutes after birth. If we retreat further, hour after hour and month after month of intrauterine life, the same holds true—it is the same child. Since it grows and moves long before the mother is aware, it certainly is *living* and living long before the mother discovers that she is truly "with child."

If a three pound premature infant is born at six or seven months, wrapped in its amniotic membranes (caul), all strive to preserve its thread of life, regardless of the mother's age, health, marital status or contentions of rape! No one denies that *infant's* right to life! Who can deny this tiny premature its humanity crying in the incubator? Yet just let that same infant, still sealed in amniotic membranes, be three or four months younger, and three ounces instead of three pounds, and the abortion liberals would deny its right to life, basing their contentions on the mother's health, marital status and claim of rape (all beside the point). Can the mere accident of time, just a few months time, deprive us of our humanity? Anyone who has ever delivered or ever seen a three pound premature infant, realizes it is indeed an actual human being—so O.K., a three ounce individual is still human.

If it is a crime to murder a newborn weighing three or four pounds, it is a crime to murder a child in

utero weighing three ounces who soon grows to three pounds. If the newborn is human in the delivery room at seven months, it is human in the uterus at 6 and 5 and 4 and 3 and 2 months! Else whence come these humans?

What mother does not know, after she misses a few menstrual periods, and then is aware of movement within her, that she is indeed "with child"? About five months later that child is born. The abortion liberalists ignore the generally recognized medical view that human life begins at conception, and the mother who feels life within her body at 16 weeks of pregnancy can often count back and tell her doctor when she conceived—she certainly knows when life began! Should an accidental miscarriage occur at three months, the mother will often ask her doctor, "was it a boy or a girl"? She knows human life was in her, and human life was lost. Only abortionists seem to have trouble telling if such life is human.

If we want to determine the species in any other context, we count the chromosome number; the number of chromosomes tells us the species since each species has its own specific number and 46 is the specific number for humans. Embryologists have been doing this for years and they know that human embryos have 46 chromosomes. If we had any last doubts about whether a two week's or two month's fetus is human, the number of chromosomes—46—eliminates the doubt and makes it undeniably human!

Since the embryo is human from

the first moment of conception, we have the same obligations and duties to the embryo as to any other human; and the embryo has the same rights as any other human, including the right to life, legal counsel and jury trial.

In short if the State, or any group wants abortion laws liberalized and this means *abortion on demand*—then the state is obligated to provide every such embryo on trial with judge, jury and public defender as well as a public executioner. Or will we allow the state to take lives without due process of law?

Why should doctors dedicated to the preservation of life, be asked to become executioners? The Hippocratic oath still reads "I will give an abortive to no woman" . . . Some attorneys with no code of ethics of their own and unwilling to adopt any—would like physicians to abandon their famous Ethical Code of centuries in the hope that some present social problems might be alleviated.

Dr. Joseph Trainer, associate professor and director of health services at the University of Oregon Medical School says: "There is no point whatever in attempting to hide the need for abortion behind a medical skirt. At the present state of science of medicine there is hardly a conceivable justification for interrupting a pregnancy on grounds of preserving the life of the mother."<sup>3</sup>

We ask: "If there is no justification on grounds of preserving the life of the mother, how can taking the life of the fetus be justified at all?"

Doctor Trainer further states:

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Abortion is a procedure carrying a complicated variable risk, often poorly understood by physicians and not at all by the women who seek it.

The chief complications from abortion are related to hemorrhage, uterine perforation resulting in peritonitis, uterine and tubal infection, and endocrine-based metabolic disorders. These may occur only acutely with quick resolution or . . . they may terminate fatally.

In Sweden legal abortions have become absurd, now they are being done for "fatigue." In one study of 54 such women, 24 were satisfied and grateful for the procedure (abortion), 3 refused to talk about it, 4 said they had guilt feelings which they repressed and 15 were besieged with major feelings of guilt and remorse while 8 developed frank psychiatric disease.

The further dangers of abortion are mentioned by Doctor Muller in the *World Medical Journal* (13: 78-80 1966):

Both physical and mental injury may result from legal, as well as illegal abortion, as statistics from the Soviet Union and elsewhere have shown. Apart from the risk to the patient, there is a risk that the doctor performing large numbers of abortions may himself break down.

In countries where abortion is entirely legal, doctors who have undertaken a number of these operations on healthy women ultimately have needed psychiatric help themselves. It seems that for abortions a special robot-like constitution is needed . . .

Most tragically, the liberalization of the abortion law would do little toward reducing the number of illegal abortions — as proved in countries allowing abortion for such things as "nervous exhaustion."

"The liberal revisions of the

Swedish law have reduced illegal abortions only slightly. They have made therapeutic abortion available to a group of predominantly married women with an unwanted pregnancy. However, illegal abortions have increased in the past 25 to 30 years in many countries both those with and without a broad social policy of legal abortions."<sup>4</sup>

Medically speaking, a well designed surgical procedure should not have to be repeated two or three times a year. Yet, a therapeutic abortion is a surgical procedure and what is to prevent a young mother from requesting two or three abortions in the same year. Thus, abortions are also found to be fiascoes in that regard.

The abortion liberals propose therapeutic abortion as a solution for cases of rape. Rape is very quickly claimed and very lengthily disproved. Unless you simply take the patient's word for it, and if so, how do you handle the hordes of young girls screaming rape! The number of cases would be astronomical.

In short, some liberals are advising abortion as a medical solution to a socio-economic problem. But abortion creates larger problems and still leaves the original ones of broken homes, repeated rapes and failing finances—all with the unjustified sacrifice of helpless human life *in utero*.

Who dares destroy even potential life, assuming that a certain woman would not be a good mother? The right treatment is not to terminate the pregnancy but to correct the inadequacy; and better family training and social services would help.



Furthermore, it is extreme arrogance for any judge, doctor or committee to determine whether or not any woman is adequate to be a mother.

If it is proper to kill a child who may be abnormal—it is certainly proper to kill a child who is abnormal. Then, not morals but sentimental feelings draw the line at seven months, or the first cry, or exit from the womb!

Liberalization of the abortion law would quickly lead to the planned, deliberate sacrifice of human life—society would not be bothered with those who might represent a burden—society would not have to worry about feeding these burdens. The state would no longer be man's servant but man's master! Our lives and our right to life would be based on political prejudgment of our usefulness.

National morality has reached such a low point that only after many months of hesitation did police arrest a woman who had been holding "abortion classes" in San Francisco in clear violation of state law. Patricia Maginnis, 38, was charged with contributing to the delinquency of minors after several girls in her classes were found to be under 21. Miss Maginnis had been providing instructions for a "do it yourself abortion," as well as certain instruments to complete the "kit." Her classes offered complete discussions of abortion, techniques, including advice on dealing with investigators. She is a founder of the Society for Humane Abortion.<sup>5</sup> We now need a Foundation for Humane Treatment of the Fetus!

Harold Rosen, Ph.D. M.D. associate professor of psychiatry, Johns Hopkins University School of Medicine writing in *Today's Health* April 1965 says: "Why do women request abortions? Reasons vary, but the major ones would include family turmoil, a disturbed marital relationship, unstable social environment, child unwanted because of poor economic status or the desire to maintain the family at its present size."

These reasons indicate need for family counseling, social and psychiatric help but hardly need for treatment by surgery. Rather better housing, health care, uniform minimum wages, budget guidance and socio-economic planning will all decrease the number of illegal abortions.

In Oslo, in 1957 Per Kolstead finished a clinical study of 903 cases of therapeutic abortion on 714 patients (two for some patients). Complications included: 5 uterine ruptures, 6 uterine perforations, 1 hysterectomy. Other serious sequelae were thrombosis, embolism, pneumonia, lymphangitis, pyelitis, cystitis, 4 percent ran fevers and 4 percent hemorrhaged, 3 to 5 percent became sterile, 13 percent had post abortion menstrual disorders including dysmenorrhea, amenorrhea, menorrhagia, frigidity, dyspareunia, vaginal discharge and pain, 15 percent admitted to guilt feelings, 5 percent had serious mental disturbances. Kolstead concluded "Everyone seems to agree that the interruption of pregnancy as a rule is an unsatisfactory solution of the difficulties to which a woman is exposed by an unwanted pregnancy."

If we cannot defend innocent life in a mother's womb, then no life is worth anything!

#### REFERENCES

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- <sup>3</sup>Trainer, Joseph, M.D., *Physiologic Foundations for Marriage Counseling*, C. V. Mosby Co., 1965, p. 148

- <sup>4</sup>*Acta Psychiat. Scandinavia* 39: 168 1963
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